

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004746

STATE FILE NUMBER

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 1DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR

TYPEWRITER RIBBON

FILED JAN 15 1963

1. PLACE OF DEATH a. COUNTY <u>SALINE</u>		2. USUAL RESIDENCE (Where deceased lived: If Institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>SALINE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>SLATER</u>		c. CITY OR TOWN <u>SLATER</u>	
Length of stay in 1b <u>3 1/2 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>433 SHORT ST</u>		d. STREET ADDRESS (If outside, give location) <u>433 SHORT ST</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>LUCINDA</u> Last <u>BAKER</u>		4. DATE OF DEATH Month <u>JANUARY</u> Day <u>9</u> Year <u>1963</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>MARCH 29 1880</u>
9. AGE (last birthday) <u>82</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>CHAMPAIGN, MO.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>HIRAM POINTER</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES JETT</u>	
14. NAME OF HUSBAND OR WIFE <u>ANDREW BAKER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>AMOS BAKER, SLATER, MO.</u>	
17. INFORMANT <u>AMOS BAKER, SLATER, MO.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular disease</u> DUE TO (b) <u>Essential hypertension</u> DUE TO (c) <u>Generalized arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)		PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10:50</u> a.m. <u>2</u> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>May 1962</u> to <u>Jan. 9, 1963</u> and last saw her alive on <u>Jan. 7, 1963</u> Death occurred at <u>10:50 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. A. McBurney, M.D.</u>		22b. ADDRESS <u>Slater, Mo.</u>	
22c. DATE SIGNED <u>1/11/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JAN. 11, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>RIDGE PARK</u>	23d. LOCATION (City, town, or county) (State) <u>MARSHALL, MO.</u>
24. FUNERAL DIRECTOR <u>HAINES FUNERAL HOME, SLATER, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 11-1963</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Raymond Branner</u>	

(Licensed Embellisher's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Walter J. Haine, Jr.*

Licensed Embalmer No. 4557

P. O. Address

*Slater, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.